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disorders are found both among the rich and the poor, for both classes have their maladjustments. However, environment seems to be a fertile cause and the relief of human suffering is closely associated with the prevention of psycho-neurosis. These individuals need assistance and, given a lift at the proper time, they may be useful and helpful citizens. There are some factors in our changing civilization which seem to be increasing this sort of disability. Life is more complex. Quantitative considerations are replacing qualitative ones, and the instances which cause nervous breakdowns seem on the increase. This calls for intelligent propaganda.

Lastly, just as some individuals are taller or shorter than others, so all differ in their personal traits. Some individuals are so totally different from others by nature that it constitutes a handicap. The emotionally unstable are so easily upset that they are unable to withstand the vicissitudes of an ordinary life. The paranoid are so disagreeable, suspicious and quarrelsome that they live isolated lives in our midst, while the inadequate, though otherwise well equipped, lack initiative, aggressiveness, and perseverance to such an extent that they frequently fail.

I can hardly do more in closing than to commend this branch of medicine to your attention and to assure you that it has rewards both in a material sense and in the uplift of humanity, which is the common purpose of doctors and nurses.

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## THE PRIVATE DUTY NURSE<sup>1</sup>

BY MEYER WIENER, M.D.

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A SERIOUS contemplation of the subject of private duty nursing reveals a much broader field for study than a casual survey of the topic would at first indicate. There are so many phases to be considered as to what produces and what constitutes the ideal private duty nurse, that it is impossible to touch upon the many aspects, except in a general manner.

Educating the nurse for private duty is a topic which can give rise to much discussion. No one appreciates the importance of special training with private patients more than does the graduate starting

<sup>1</sup> Read at the Annual Convention of the Missouri State Nurses' Association October 10, 1921.

out on her first independent case, in a home or a hospital, other than that in which she received her education. Nor can the lack of such training be felt by anyone more than by the one who has missed this most important part of practical nursing. I have spoken to young women who were graduates of excellent schools for nursing, who recalled the many days of nervous anxiety when given their first private cases to nurse. They eventually may become excellent and competent private duty nurses, but not as a rule, without many heart-aches and misunderstandings to both patient and nurse.

I believe that an exchange of pupils between public hospitals which have ward patients, and those where a large proportion of the patients cared for are private patients, might be of great benefit to both. One may discourse endlessly on the attitude and behavior of a nurse in the private home and on special duty in a hospital; but only actual service and personal observation, preferably under guidance in training, will prove of practical value. I do not know whether any training school ever sends its student nurses into the homes under supervision of an instructor, but it would seem to me to be of inestimable value and help for future use to the young woman. One instructor could readily float between a number of homes to survey the situation, scrutinize the work, listen to questions, and make suggestions for service to the patient, as well as benefit to the nurse. In view of the present scarcity of nurses it might seem at first a highly impractical suggestion, but I believe a short period of after-graduate elective work along this line might be made most attractive and profitable to the student nurse as well as to the training school.

The private duty nurse has many responsibilities to fill. Most important to consider are the relationship of nurse to patient; for after all, her first consideration must be to make every effort to aid the physician in giving comfort and bringing to a successful and rapid issue, the illness of the patient. There may be conflicting calls at times as to her sense of duty. I know there are many instances when the nurse feels that orders of the physician are irreconcilable with the instructions she may have received in training, and inimicable to the best interests of the patients. There can be but one answer. She is the aide of the physician on the case to comply with his orders. Whenever it comes to pass that obedience to him and carrying out his orders, conflicts to such an extent that her conscience will not permit her to proceed further, I believe she should frankly tell him so and step quietly out of the case.

On the other hand it sometimes comes to pass that the nurse in charge comes into possession of certain facts revealed by the patient in confidence, which might be of untold value to the physician in his

handling of the case. I believe that such facts, in the judgment of the nurse, should be communicated to the physician in confidence, which he should and will, hold inviolate. This is the view which I am sure is held by all teachers of nursing ethics, and while no ruling can be held out as infallible, the exceptions to this one must be extremely infrequent.

The duties of the nurse do not stop merely in the actual mechanical service she renders, but entail certain psychical support and help to a normal and happy state of mind, which will be most conducive to bringing about a cure. For experience has taught us that while the mental attitude of the patient cannot be the sole factor in curing disease, it often becomes one which is the determining element in hastening the restoration of health, or a most potent influence for favorable progress in times of a crisis. No one can instruct the nurse how best to secure the confidence of her patient and to influence her in the best way to secure mental ease. Each patient is a problem unto himself and the intense sincere desire to do her best, with good judgment gained by experience, will be her safest guide.

The accountability of nurse to patient does not end with her service to the individual case for which she is caring, but involves a duty to the public as an educator in allied medical, nursing and social hygiene problems. She should familiarize herself with such subjects sufficiently to enable her to answer intelligently many questions of general interest, on which her training and education have qualified her to speak with authority.

Take for example the question of vivisection. Who, of all individuals, aside from physicians, can better enlighten the layman regarding its innumerable benefits, as well as disillusion him in reference to its supposed horrors? I mention this as one of a great many points to be considered. Ignorance on her part reflects discredit not only on herself, but on the nursing, and in a measure, the medical profession as well. I am happy to say that the nurse of today, being better prepared in an educational way than ever before, realizes more than ever the greater responsibility of her profession to the public.

I have not mentioned the responsibility of the nurse on private duty to the hospital. She must bear in mind that each institution where she serves has certain rules and regulations, usually carefully thought out, and with definite purpose in mind, by those in authority. She may not be in accord as to the propriety of such regulations. It is not for the individual to judge, but to acquiesce. It is not incumbent upon her to nurse again in such a hospital, but while there, she should take her medicine and not criticize, so long as there is no discrimination against her as an individual. If a nurse on private

duty in a hospital thinks she has a just complaint, I am sure that any broadminded supervisor will be only too glad to listen to and rectify any injustice.

On the other hand, the hospital owes a certain duty to the nurse. She is entitled to be made acquainted with any rules which the superintendent feels might be different than in other similar institutions. She deserves consideration as to food and hours of service. In my experience, there has never been so much criticism as to the character of food given to nurses as the manner in which it is prepared and served. I am told that many times food is served cold where, with a little extra attention, this could be avoided. Coöperation between hospital authorities and nurses makes for efficiency. Probably the greatest fault lies often with the private duty nurses who, instead of giving constructive criticism to the proper authorities who should be glad to improve their service, keep things to themselves or pass on their wrongs to other nurses.

A question also arises as to where the authority of a superintendent should stop in excluding nurses from caring for the sick in their respective hospitals. Rules of the hospital should unquestionably be observed by all who wish to avail themselves of the privilege of private calls to that institution, but the hospital authorities, on the other hand are, to my mind, too unbending in many individual cases and impose a hardship and injustice on a few young women who have, perhaps, not yet acquired the restraint which comes with years of experience, or it may be, lack the proper home training, which would enable them to curb hasty impulses. They are thus made to suffer permanent exclusion at times, where perchance limited restrictions might conduce toward a better understanding and serve the best interests of both hospital and nurse.

I have spoken thus far mostly of the responsibility of the nurse to her patient. There is also an obligation on the part of the patient to the nurse. He must think of the nurse primarily as an agent of the physician, who is using every effort in her power to help the patient as a human being, and not a mere automaton or machine, or, as a few seem to feel, a servant. While it is true that a nurse on private duty in a home may feel under certain emergencies, that it is incumbent upon her to perform definite tasks not strictly within the lines of her nursing duty, but as one able human being trying to help out another, these should never be expected nor demanded by the patient, but be gratefully received as extra service. The human side must be stirred in the patient toward his nurse for the best understanding.

The question of double and single duty, hours off duty and nursing

shifts, are problems with which I do not feel at all competent to cope and which require too much discussion to come within the scope of this paper. I can only say in a general way that in order to get the best possible service, due consideration must be given to the physical needs of the private duty nurse.

Group nursing, while still in the early or experimental stage, has proved itself to be most ideal in many ways. It solves a most difficult problem for a certain class of patients who require a great deal of nursing care and whose means are too limited to permit the expenditure of funds sufficient to employ special day and night nurses. It helps clear up a perplexing question affecting hospitals of the highest type, whose first thought is to give the best possible service and nursing care under present trying conditions. It elevates the nurse into a more ideal and lofty position of not limiting her attention to a single individual, but distributing her knowledge and attention in a much broader sense. The private duty nurse of our day has much higher preliminary educational requirements, and increased hours of actual nursing education, gained at the expense of time taken up in former years with what are now considered purely menial duties. She is taught by paid instructors, who are specialists in their line, including the fundamentals of medicine as well as the most modern conceptions of dietetics and food values. Indeed, it is becoming a recognized fact amongst the laity, and men of learning and educational institutions, that the trained nurse is graduating into a profession in reality, as well as in name. This is evidenced by the recognition by a number of universities of the student nurses, in laying out a course as part of the regular college curriculum and granting degrees and diplomas at their annual commencement.

It would seem, therefore, that we shall look into the future to see group nursing in the private home as well as in the hospital, that the time is not far distant when the dignity of a young woman who has been graduated in the profession of nursing will not permit her giving her entire time to a single individual except in the most serious case. The daily routine of nursing can easily be performed by a trained attendant who need not have the more profound knowledge possessed by the graduate nurse. The latter would then be able to divide her time between several patients, visiting for a few minutes or hours as the case may demand, helping out the nurse attendant and giving advice, not as a physician, but directing the nursing care. The patient can readily be educated to this, just as he has been educated to the advantages of group medical service. When one goes to Rochester, Minnesota, he seldom falls into the hands of the founders of the clinic, but obtains the advantages of their highly developed

specialization. In the same manner, I can easily conceive that a private duty nurse who is not confined by the onerous burdens of routine nursing duties such as washing a patient's face, scrubbing his teeth, brushing his hair, giving a sponge bath, reading his morning paper, and serving as a professional entertainer, would have a broader field ahead in giving more time, thought, and study to the most highly advanced thoughts on modern nursing developments. She could consult with and coöperate with the physician in charge on the questions of food values and their preparations, develop technic in gastric lavage, make preparation for, or peradventure dress some difficult surgical case, and countless other functions, taking nothing from the glory of the medical, but adding much to the exaltation of her own profession.

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## ZANUB

BY FRANCES JACKSON-BENNETT

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SHE was a Moslem girl—bright, attractive, sweet. Her father and mother were both dead, so she, a little nine-year-old child, had to earn her own living. She “went into service” and became the wee maid of all work in the house of a Moslem Bey. The Bey himself was kind enough and the child liked him, but his wife and the other servants were hard on, and unkind to, the orphan, and work was continuous and very monotonous.

One day her master, while resting in his room with his brother, bade the child boil him some water, so she lit the primus stove and was just about to place the kettle on it when a bit of her poor, torn, dirty dress caught the flame, and before she realized it, her whole dress was in a blaze. Dropping the kettle, she rushed through the house, so fanning the flame, till she reached the door of the Bey's room and would have entered, but that her master's brother at sight of the burning child lost his head and banged the door in her face. But the Bey, who grasped the situation, lost little time in running out, seizing the child, and with his own hands putting out the flames, thereby getting burned himself.

Two hours later, wrapped in a blanket, they brought her to the hospital. She was shockingly burned, nothing save one arm and her sweet little face having escaped the cruel flames. The nurses dressed her and placed her in a corner bed in the surgical ward. Shortly afterwards, on passing through the corridor I heard awful screams and thought for the moment they were dressing some little child who